

**THIS DECISION HAS BEEN APPEALED. THE  
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

**SOAH DOCKET NO. 453-04-6597.M4**

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 4-11-03.

**I. DISPUTE**

Whether there should be reimbursement for CPT codes E0781, E1399, E0236 and L3670.

**II. FINDINGS**

The respondent denied reimbursement based upon “S – Supplemental Payment; and G – Unbundling.”

**III. RATIONALE**

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
9-16-02	E0781	\$485.00	\$291.00	S	DOP	General Instructions GR III Durable Medical Equipment GR (VIII), (IX)	Ambulatory Infusion Pump – Requestor submitted description of DME product, letter of medical necessity and redacted EOBs to support billing per MFG; therefore, reimbursement of \$194.00 is recommended.
	E0236	\$494.00	\$0.00	G	DOP		Pump Water Circulating – is not global to any service rendered on date. Requestor submitted description of DME product, letter of medical necessity and redacted EOBs to support billing per MFG; therefore, reimbursement of \$494.00 is recommended.
	E1399	\$75.00	\$00.00	G	DOP		Cold Therapy Cooler Wrap - is not global to any service rendered on date. Requestor submitted description of DME product, letter of medical necessity and redacted EOBs to support billing per MFG; therefore, reimbursement of \$75.00 is recommended.

	E1399	\$155.00	\$60.00	S	DOP		Water Circulating Pad - Requestor submitted description of DME product, letter of medical necessity and redacted EOBs to support billing per MFG; therefore reimbursement of \$95.00 is recommended.
	L3670	\$340.00	\$60.00	S	DOP		LSO Flex Surg Support - Requestor submitted description of DME product, letter of medical necessity and redacted EOBs to support billing per MFG; therefore, reimbursement of \$1280.00 is recommended.
TOTAL							The requestor is entitled to reimbursement of <b>\$1138.00.</b>

#### IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT codes, E0781, E1399, E0236 and L3670 in the amount of **\$ 1138.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$1138.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 13<sup>th</sup> day of May 2004.

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division